



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

STATE OF HAWAII  
STATE ETHICS COMMISSION

05 JAN 28 PM 2:15

RECEIVED

T76  
BoH

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
Tanaka	Lance	Norman	537-8351
MAILING ADDRESS (Street)			FAX
P.O. Box 2900			537-8440
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96846-6000	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

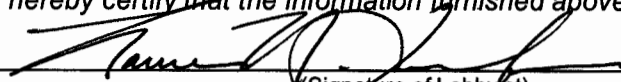
<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Bank of Hawaii Corporation		537-8351
MAILING ADDRESS (Street)		FAX
P.O. Box 2900		537-8440
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96846-6000
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Lance N. Tanaka		537-8351
MAILING ADDRESS (Street)		FAX
P.O. Box 2900		537-8440
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96846-6000

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	XX Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
XX Consumer Protection & Commerce	Hawaiian Affairs	XX Labor & Employment	Transportation
Culture, Arts, Historic Preservation	XX Health	Planning, Land & Water Use Management	Other: (indicate below)
XX Ecology, Energy Environmental Protection	XX Housing	Public Safety & Corrections	

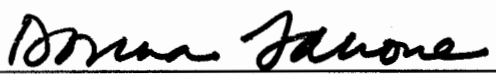
**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

  
(Signature of Lobbyist)

1/21/05  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME Donna Tanoue		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Vice Chairman & Chief Administrative Officer, Corporate & Regulatory Administration	
NAME OF ORGANIZATION (if applicable) Bank of Hawaii Corporation		TELEPHONE 537-8710	
MAILING ADDRESS (Street) P.O. Box 2900		FAX 537-8346	
(City) Honolulu	(State) Hawaii	(Zip Code) 96846-6000	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer or Person Represented)		1/22/05 (Date)	